

Family Planning: the forgotten element of HIV transmission prevention



*PEPFAR Partners' Quality of Care Meeting
Kopanong Hotel & Conference Centre*

14 February 2006

Joan Littlefield



What are we aiming for?



Fewer children infected with HIV

UNGASS Goals

To decrease the proportion of infants infected with HIV
by 20% in 2005 by
50% by 2020

Source: J Shelton, June 2004 citing JHU/WHO study

WHO Comprehensive Approach to Preventing HIV infection in infants:

1. Primary prevention of HIV infection
2. Prevention of unintended pregnancies among HIV-infected women
3. Prevention of HIV transmission from mothers to their infants
4. Care, treatment and support for HIV-infected mothers and their children

Interventions contributing to fewer infant HIV infections and deaths

Short course ARV prophylaxis: 4%



↓ in primary HIV infection by 5%

↓ pregnancies among HIV-infected women by 10%

- ARV interventions are becoming increasingly effective in practice
- However, FP remains a missed opportunity to deploy an adjunct tool to support reduced transmission

How does reducing unintended pregnancy help?

- Fewer pregnancies among HIV+ women → fewer opportunities for vertical transmission
- HIV+ women planning pregnancies can work with health care providers effectively

What do we know?

- Many HIV+ women are likely in need of FP services
- Preterm birth and low birth weight are more likely in HIV+ women
- FP needs are best met if offered where they access HIV services (in addition to other FP service sites)
- Family planning significantly contributes to averting infant infections and child deaths:



What do we know?

- Adding FP can prevent an additional 55,000 child deaths and avert 150,000 unintended pregnancies in high HIV prevalence countries
- Kenya is one of 6 countries to mention FP in VCT guidelines
- Experience in integration has been mixed, especially with stand-alone VCT clinics; better with integrated PHC services

What do we know?

- Haiti's experience (GHESKIO) found 16% of 3,000 HIV-infected women began using contraceptives
- Haiti found women often need other RH services when coming for HIV testing –
- And, many women coming for RH services end up testing for HIV.
- PSI in Zimbabwe has good success in bringing FP into VCT stand-alone clinics

FP/MCH Services adding HIV

FP Services

- encourage VCT, assist in assessing risk
- provide HIV prevention info
- screen for STIs
- provide FP to referred HIV clients

ANC

- offer VCT during pregnancy
- provide ARV / PMTCT to HIV+ pregnant clients
- begin post-partum FP counseling

HIV Services/Activities Reducing Missed FP Opportunities

ABC activities for HIV/STI prevention	}	include pregnancy planning info: messages, material
VCT services	}	FP counseling, commodities, referral posters, materials
PMTCT	}	FP counseling during ANC FP counseling and services in hospital at delivery FP counseling, services during post-natal care visits/child visits
Care and Support	}	FP counseling and services

ABC programs reduce unwanted pregnancy

- Delay of sexual debut
- Abstinence
- Correct/consistent condom use
- Be faithful and partner reduction



Especially helpful with prevention of teen pregnancy, along with HIV and STI prevention

HIV Care, Treatment and Support w/ FP

- On-going assessment of reproductive intentions
- Ensure FP method is appropriate to clinical status
- Ensure a broad range of methods available
- Support changes in FP methods as needs change, clinical condition changes
- Provide information on drug interactions such as OCs.

PMTCT Services w/ FP



- Reinforce good ANC FP counseling; include chosen method in birthing plan
- Reinforce good FP counseling and service provision immediately post-partum
- Reinforce good FP counseling and service provision during PNC visits
- Ensure FP is discussed and offered during well-child care for PMTCT infants



Where does VCT fit in?



- VCT clients are sexually active and may have FP needs
- VCT health workers have excellent counseling skills
- Discussions about sexual practices and life issues are already taking place
- A way forward vis-à-vis sexual health is discussed in post-test counseling

How would it work?

- Explore possible pregnancy during pre-test counseling
- Pregnancy testing can be offered
- Counseling for FP should be provided
- Provision of FP can be provided
- Referral for procedural methods can be provided
- Ensure condoms are available and offered during post-test counseling



How would it work, cont.

- PHC integrated services can dispense FP methods, as usual
- VCT counseling rooms with nurses can have stocks of basic FP methods
- Ensure PHC documentation forms for FP are in VCT rooms
- Lay counselors can refer for FP
- FP counseling and methods should be offered to both HIV+ and HIV- clients
- IEC Materials – everywhere
- Condoms - everywhere

Facilitating FP/VCT integration

- Modify pre-test counseling guides to include FP and pregnancy
- Ensure counselors have information on all FP methods available and where they can be obtained
- Develop self-assessment checklists for service managers to identify missed opportunities for FP in HIV/RH services

Considerations to increase FP uptake

- Reduce the number of health workers who take a history
- Reduce the number of queues for waiting
- Reduce the number of facilities to be visited
- Ensure all health workers understand about FP with HIV, for HIV-positive clients
- Optimally, FP counseling and methods are available from the same health worker in the same room
- A broad range of methods increases FP use

FP method considerations

FP Method	WHO Eligibility	Comment
IUD	2, but 3 w/ AIDS not on ARVs	Does not affect HIV
Injectables	1, 2 if on ARVs	Probably very effective w/ ARVs
COCs	1, 2 if on ARVs	NVP might ↓ effectiveness (and Rifampicin)
Sterilization: female, male	1	
Condoms	1	Can help protect partner

FP also helps children by -

- Decreasing maternal mortality (reducing the numbers of orphans)
- Decreasing child mortality
- Improving child and maternal health and well-being

Resources

- Fuchs, N. *Priorities for Family Planning and HIV/AIDS Integration*. Global Health Technical Brief.
- Family Health International. *Integrating Services*. Network. 2004, Volume 23, Number 3.
- www.fpandhiv.org
- WHO recommendations for PMTCT 2005.
- FHI *Underused Research Findings*. March 2004.
- Jim Shelton, USAID.